

## **SOCIAL AND ENVIRONMENTAL INFANTILIZATION OF AGED PERSONS: OBSERVATIONS IN TWO ADULT DAY CARE CENTERS**

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### **ABSTRACT**

This study examines the social environments, staff behavior, and social interaction of elderly clients in two adult day care centers. Goffman's (1961) description of the psycho-social effects of the "total institution" is used as a framework for conceptualizing the effects of "partial institutions" on older persons. Using qualitative research techniques, we observed the environments, activities, and interactions of approximately seventy-two clients in two adult day care settings. When the staff and environment were more infantilizing, provided less autonomy, and fewer opportunities for privacy regulation, the clients had lower social interaction with peers. In contrast, when the center had a more adult setting, with age appropriate activities, there was greater privacy regulation, autonomy, social contact, and friendships among clients.

### **INTRODUCTION AND BACKGROUND**

Adult day care is a rapidly growing community-based, long-term care option that has become more widespread in the past two decades (Hasselkus, 1997; Weissert et al., 1989). These facilities provide a safe, structured atmosphere where clients can engage in meaningful activities (Williams & Roberts, 1995). Positive effects of adult day care centers can include delay or prevention of institutionalization and respite for caregivers. In addition, clients in these centers may socialize, develop

enduring friendships, and provide each other with supportive interaction (Williams & Roberts, 1995).

The benefits of daytime respite care can be enormous, but the nature of these partial institutional settings allows for clients to be subject to some of the same negative effects that can accompany total institutionalization. Goffman's (1961) "self mortification" concept refers to the process and consequences of the loss of self identity in the total institution. Recent research addressing self identification among elderly persons points to the detrimental effect of "infantilization" or societal treatment of old age as a "second childhood" (Arluke & Levin, 1984), which often occurs in institutions, community-based services, and adult day care centers (Lyman, 1988; Ryan, Bourhis, & Knops, 1991; Whitbourne, Culin, & Cassidy, 1995). This study examines the degree of age-appropriate environments, behavior and activities of two adult day-care centers, and the resulting effects on the social interaction patterns of clients.

Stereotypes which portray old age as a "second childhood" suggest that older persons are losing or have lost the developmental stages that a growing child gains. Gresham (1976) argues that this process implies a backward movement to earlier developmental stages, with no recognition of the lifetime of experience that separates aged persons from children. These infantilizing stereotypes commonly occur in institutions and other services for elderly persons.

Infantilization includes encouraging participation in child-like activities, use of pet names, and directing child-like remarks, gestures, and patterns of speaking toward older persons (Hockey & James, 1993). Most of the literature in this area deals directly with the *verbal communication* of infantilization to older persons, such as high-pitched intonation, exaggerated or drawn out phrasing, and simple content and vocabulary (Lyman, 1988; Whitbourne et al., 1995). These verbal forms of infantilization are often directed at older persons by staff members of hospitals, institutions, and other services for elderly persons.

Our research adds to this approach by including the *physical environment* as another potential agent of infantilization. Borrowing from the work of Altman (1973, 1975) and others, we suggest that factors associated with the physical setting can also shape the social experience of adult day-care services for elderly clients. Our research is the first to demonstrate that infantilization is manifested both *socially* and *environmentally* and that the effects of both are damaging to the interaction patterns of older persons. We suggest that if elderly persons are expected to interact in a setting that is not age appropriate, where autonomy and privacy cannot be regulated, their social interaction patterns may suffer. In addition, the combination of an infantilizing physical setting and child-oriented behavior patterns and activities are expected to have cumulative negative effects on the social interaction patterns of elderly clients in adult day care centers.

We examine social participation and interaction patterns and observe the degree of age appropriateness demonstrated by the social behaviors and environmental settings of two adult day-care centers. The first center observed was

located in a former elementary school building. Much of the design of the center building resembled a classroom setting, including chalk boards, bulletin boards, non-private toilet stalls, and uncomfortable seating arrangements. Observations found very little socialization between clients in the first center. In "Center A" the vast majority of social interaction was between clients and staff, but only upon initiation by staff members. Independent interaction and friendship formation between clients was (inadvertently) discouraged due to the goal of full participation in large group activities. We suspected that Center A's age inappropriate setting might have had an effect on the social participation of the clients, causing "withdrawal" and other forms of adaptation similar to those described by Goffman (1961).

The second center observed in this research (Center B) has the appearance of an adult setting, including a "living room" atmosphere with a fireplace, dining area, kitchen, private bathrooms, and access to a courtyard. Clients in this center were typically given autonomy to participate or not in scheduled activities with the larger group. This autonomy provided clients with the freedom to develop friendships in smaller groups (typically dyads). As a result, the social interaction among and between clients was more widespread in Center B.

The use of the adult day-care center as a setting for this research combines the concepts of institutional restriction and community freedom by studying an elderly sample participating in what we will refer to as a "partial institution" setting. Hasselkus (1997) argues that one of the purposes of adult day care is to provide a meaningful and safe daily life situation for clients, but that the staff often depend on strategies that assist their "burden of keeping order." This reflects a potential for adult day care being dominated by the staff's need to control the behaviors of the clients. This control may manifest itself as age-inappropriate treatment of older clients, or infantilization.

## INFANTILIZATION AND ADULT DAY CARE

The origin of infantilizing behavior toward older people had been attributed to their perceived lack of independence. Hockey and James (1993) argue that western societies link the conceptualizations of children and childhood to the experience of old age and other contexts of dependency. According to these authors, this link provides able-bodied adults with a vehicle for comprehending and coping with the boundaries separating the marginal social categories (of children and elderly persons) to maintain social dominance over these groups (Hockey & James, 1993). Arluke and Levin (1984) state that "infantilization justifies the paternalistic treatment of minority group members with the consequence that they may be 'kept in their place' as dependent inferiors" These authors cite typical forms of infantilization that have been used historically to oppress minority members and women.

Lyman (1988) argues that "the concept of [adult] day care is borrowed from the child care model, which is symptomatic of the treatment of elders as children." Ultimately, the "day care" service, whether it be for young children or older persons, is inherently linked to childhood and dependency in its conceptualization. This relationship may lead to infantilization of the participants, whatever their age or mental capacity.

The effects of infantilization in the day-care setting are similar to those of "self-mortification," where a person can experience a loss of identity, lowered status, decreased sense of self efficacy, social marginalization, and humiliation. The cumulative effects of the conceptual linkage between old age and childhood can lead to social responses such as withdrawal, aggressive behaviors, adoption of lowered sense of responsibility, and even child-like behaviors (i.e., self fulfilling prophecy) (Hockey & James, 1993).

## THEORETICAL FRAMEWORK

We begin this section with a discussion of the psycho-social effects of institutionalization on the sense of self by employing Goffman's (1961) "total institution" theoretical framework. Our research is adapted to the concept of a "partial institution," since the participants go home to the community to live with their families after hours. While this partial institution may prevent total institutionalization and provide respite service for caregivers, the psychological effects of this atmosphere may sometimes be comparable to Goffman's description of "self-mortification."

The process of "self-mortification," or being stripped of one's identity, is caused by loss of control, barriers to be outside world, depersonalized treatment, deference obligations, verbal and physical humiliation, and contaminative exposure. Residents in a total institution may be required to give up personal possessions, privacy, status, decision-making abilities, and self authority they once held in the outside world. These changes require individual adaptation from a more independent to a dependent lifestyle.

Adaptation to experiences of self-mortification can take several forms. The first is *situational withdrawal*, where the older person withdraws attention from everything around him or her and drastically decreases participation in social interaction. The second involves taking the *intransigent line* or client behavior that intentionally challenges the institution (i.e., refusing cooperation). The third type of adaptation is *colonization* where the resident makes the best of the situation and lives a contented existence. Finally, *conversion* refers to the client adopting the manner and/or dress of the staff members to distance themselves from the rest of the client population (Goffman, 1961).

Goffman's (1961) work focuses on the *social* consequences of institutionalization, while the *physical environment* is given less attention. In contrast, Altman (1973, 1975) argues that social processes are influenced by the environment as much as they are influenced by people. Altman's (1973) social systems model

embodies four major tenants. First, the environment and behavior are almost inseparable; persons are embedded in their environment. Second, the relationship between a behavior and an environment is mutually impacted, with the environment acting upon the person and the person is shaping the environment. Third, the person-environment relationship is dynamic, as the relationship is constantly adapting and changing depending on the influences the other exerts. The fourth tenet states that there are many levels of person-environment relationships which interact with one another as a set. These sets include: 1) verbal content and paraverbal behaviors, which include features of speech such as style, tone and pitch; 2) non-verbal behaviors or eye contact, movements and gestures, and body positions and postures; and 3) environmentally-oriented behaviors, which include how the furniture is arranged, use of environmental objects, personal space, and physical distance. Together these different sets of behaviors interact, complement, and substitute for one another to create a behavioral system (Altman, 1973, 1975).

Built upon the foundation of principles espoused above, the "person-environment congruence" framework provides a structure for understanding the link between the social and psychological processes and the environment for elderly persons in day care settings (Kahana, 1982). This perspective suggests that congruence between personal needs/preferences and environmental characteristics result in positive outcome. However, when needs and preferences do not match the characteristics of the environment, a negative outcome or adaptation occurs. When lack of congruence exists between the person and environment, adaptation is necessary. The incongruity between person and environment and subsequent adaptation can result in infantilization of elderly persons.

Charles Horton Cooley (1961) argued that the "looking glass self" results in people judging themselves based on a perception of other's opinion of them. By obtaining a perception of how other people view oneself, they tend to believe that the judgment is valid and therefore a basis for forming or shaping the self concept. By incorporating Altman (1973) and Kahana (1982), we would add to this perspective that the messages from the *environment* also serve to influence a person's sense of self and that environments can in fact contribute to infantilization.

## PURPOSE OF STUDY

The first research question asks "What are the social interaction patterns of elderly persons in the two adult day-care centers?" Patterns of interest include *client to client* conversations, friendships, participation in activities, etc., and also involved *staff to client* contact and interaction. We also observe the *staff to staff* interactions, but to a lesser degree. Our second objective was to examine the environments of the centers with regard to their age-appropriate surroundings, activities, staff behaviors, and privacy issues. How do differing levels of infantilization in the social and environmental settings of the centers lead to varying atmospheres

which require adaptation on the part of elderly clients. Modes of adaptation to the social and physical environment are identified and discussed. Do these adaptations have an impact on the client social interaction patterns? Finally, we use our research findings to make recommendations for service designers and practitioners in an attempt to prevent social and environmental infantilization in adult day care centers.

## METHOD

This research examines qualitative non-participant observations from two adult day-care centers. By "non-participant observation" we refer to the fact that the researchers avoided (when possible) participation in social dialogue, activities, or caregiving with clients or staff that could have the effect of biasing the natural social interaction. There were two researchers involved in the data collection. In each case, detailed observation notes were recorded on the scene by the two authors. Observer reliability was quite high due to intensive training sessions and mutual evaluation of observation notes.

The total number of hours of observation for the two studies was eighty, approximately forty hours at each location. Observations in both centers occurred within a four month period at random times and days, ranging from 7:30 A.M. to 6 P.M., Monday through Friday. The first center (Center A) was observed in the winter/spring of 1989 by the first author (as a requirement of a graduate course in advanced qualitative methods) and the second (Center B) in the spring-summer of 1996 by the second author research assistant (with in-depth qualitative methods training and careful supervision by the first author). In each case, the center was chosen randomly and we used the same entry procedures, field research techniques, and method of recording data.

Entry into both centers was accomplished with the first author contacting the center director and gaining access to the activity areas. In both cases, the directors were helpful and accommodating. We introduced ourselves to the clients by reading out loud a short introduction of our observation study, brief information about the researchers, who to contact with questions, and reassurance of anonymity and confidentiality. The researcher observed from a seat in the back corner of the room in order to remain as unobtrusive as possible. We had occasional situations in both centers where clients or staff members attempted to engage us in dialogue. In both cases, we were careful to keep the interaction short, in order to prevent adding our own bias or changing the nature of the setting (beyond the intrusion of an observer). Staff members would on rare occasions tell jokes or stories and look at the researcher (rather than the clients or other staff). This staff behavior was politely discouraged (the observers ignored the situation) so that clients would not begin to identify us with staff members—which could possibly change their behavior.

Both centers are considered "social day care centers" which provide social outlets for mental and physical stimulation through the use of therapeutic and recreational activities. These social centers are meant to serve older people who do not have severe disabilities. More severe cases of dementia would be referred to a "medical day-care center." In both centers observed, the level of functioning of the clients was comparable, with a few low functioning individuals, but with the majority exhibiting higher functioning levels.

All activities and instances of social interaction (verbal and non-verbal) observed by the researchers were recorded in writing. Formal activities were observed, recorded, and later counted (beginning when staff members initiated the activity [i.e., dancing, exercise, word games], until the activity was ceased or a new one was started). The first center studied (Center A) had forty-seven separate group activities and in the second (Center B), fifty-nine total activities were observed and counted. The social interaction patterns recorded and studied included client-to-staff, staff-to-client, client-to-client, and staff-to-staff.

Observation notes were studied in order to identify speech, behavior, activities, and social environments that were infantilizing to clients. Infantilizing activities were identified as those which would commonly be found in a school or child's day-care center. Typically, these activities were similar to those that would encourage "learning" in the target audience. An example of learning-based infantilizing activities would be chanting of the alphabet, answering elementary questions, etc. Other infantilizing activities included those that would be aimed at entertaining young children, such as toys and pretend games.

Interactions were also identified between staff and clients. We considered speech and behaviors that were not typical adult behaviors to be infantilizing. Examples include when a staff member addressed a client with a childlike name (e.g., kiddo), talked about a client as if they were not there, disrespected personal privacy, did not allow autonomy, or touched a client in a way that does not respect adult boundaries of privacy (e.g., excessive hugs and kisses).

## DESCRIPTION OF CENTERS

### Center A

Diagramed in Figure 1, Center A was located in a former elementary school in the northeastern United States. The decor was similar to an elementary school, with two attached "classrooms," chalk boards, tile floors, and bulletin boards with construction paper designs. The furniture included hard chairs arranged in a circle in one room, and chairs around tables in the other room. The client restrooms were distinct from the staff restrooms, and were located in a public hallway between the adjoining activity rooms. Restroom functions were not very private, since the stalls (they did have doors, but they were not always closed during bathroom activity)

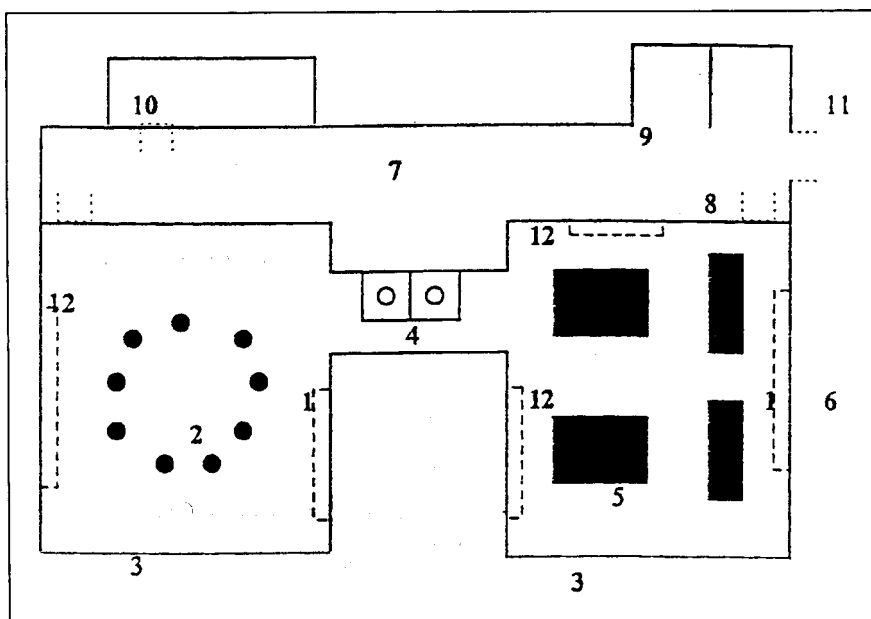


Figure 1. Map of Center A. Numbers refer to some items and their locations: 1, bulletin boards; 2, chairs; 3, windows; 4, unisex bathroom stalls; 5, tables for eating and reading; 6, parking lot; 7, main hallway of school building; 8, locked doors with alarms; 9, staff offices; 10, staff bathroom; 11 main entrance to building; 12, chalk boards.

were located in a public hallway very close to the other clients who were engaged in group activities.

The staff had two to three aides on duty at any one point in time. These aides usually had minimal gerontological education and received most of their training at the Center through experience. These aides were pleasant individuals with a friendly attitude toward the clients. The director was present occasionally in the two rooms and she often assisted the aides in directing the activities.

## Center B

Shown in figure 2, Center B is located in a relatively new building and the adult day-care center is the original purpose for the structure. The decor resembles a living room/dining room environment. There are two activity rooms, one for lounging and the other for dining and activities that require a table. The main room has couches, comfortable padded chairs, a grand piano, professional artwork lining the walls, carpeting, and a large fireplace. The restrooms are separated from the activity and dining areas and are considered to be quite private (staff members use the same restrooms). The outside of the center has fenced



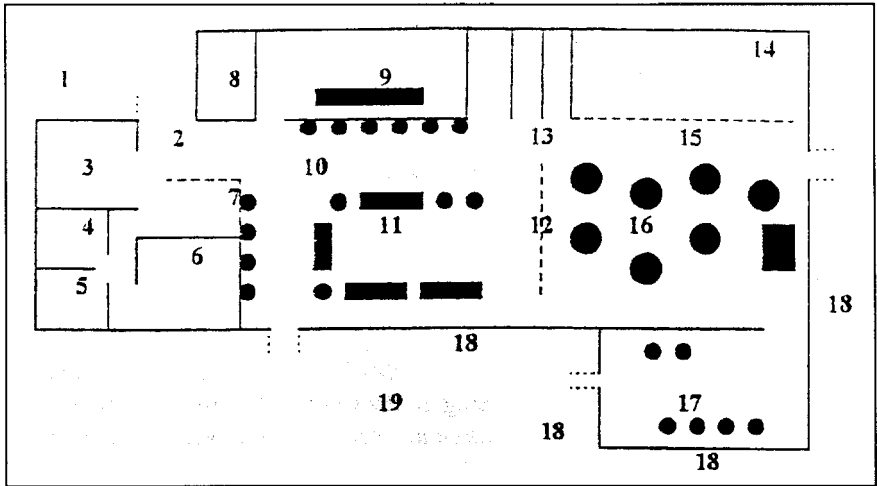


Figure 2. Map of Center B. Numbers refer to some items and their locations: 1, parking; 2, entrance; 3, library; 4, shower and bath; 5, therapy room; 6, office (staff only); 7, reception desk; 8, staff office; 9, arts and craft room; 10, main activity room; 11, couches and chairs; 12, fireplace; 13, segregated men's and women's bathrooms; 14, kitchen prep area (staff only); 15, counter access to kitchen; 16, eating area; 17, sunroom; 18; windows; 19; sun porch and large lawn area joining with neighboring day care facilities playground.

secure grounds with a yard, sun porch, and garden area for clients to utilize for individual or small group activities.

The staff members of Center B have some degree of gerontological training/education and experience. There were also several volunteers who helped to run the center. These volunteers tended to be senior citizens themselves. There were also guest entertainers and professionals who visited the center on a regular basis.

## INFANTILIZATION IN THE ADULT DAY CARE EXPERIENCE

We separate the section on infantilization into three components for each center—speech/behavior, activities, and physical environment.

### Center A

#### *Speech and Behavior*

Center A tended to have a great deal of infantilizing speech directed toward clients. Examples include staff labels addressed to clients such as “good girl!,” “good boy!,” “kiddo,” “sweetie,” “Cutie,” and “Young lady.” Staff members would

also use age inappropriate language to direct questions to clients, for example "Did he behave himself?" and "Was he a good boy?" (referring to other clients). Staff communication with clients often had a high pitched intonation, very simple content, and exaggerated phrasing. Interestingly, the clients themselves would sometimes adopt infantilizing language to describe their own situation; for example, one client exclaimed "I behaved myself this weekend."

Another infantilizing behavior, which we will call *public disclosure of conditions*, was noted in Center A. This occurred on the first day when the observing researcher was introduced to the clients. The Director took the observer around the room to each of the clients individually as the clients were seated on chairs that surrounded several tables and were reading magazines. As the clients sat in their chairs, the Director put her hands on their shoulders and talked out loud about their identity and their reason for being in the Center. Clients were introduced by their level of functioning and then their medical conditions were specified. Here is an example of the introductions:

Director: "This is Mrs. F., she is one of our high functioning seniors."

"And this is Mrs. M., she is our oldest member. She's been with us since we started. She is in the last stages of Alzheimer's Disease and she can't talk." (This was the lowest functioning client)

She introduced the researcher to a couple and said "They both have Alzheimer's Disease (her eyebrows raised), they are really cute because they seem to be able to understand each other when nobody else can." She then encouraged the researcher to stay and wait for the bus to arrive, since it would have more of the higher functioning clients.

This public disclosure of conditions not only infantilized the older person, but also decreased the client's ability to regulate their own privacy, which is associated with successful adaptation to social situations and effective functioning (Vinsel, Brown, Altman, & Foss, 1980). This privacy regulation issue will be discussed further in the next section.

### Activities

Each separate group activity in Center A was identified, counted, and rated based on whether infantilization took place. Forty-seven activities were observed in Center A and infantilization occurred in some form in 74 percent of the activities. Center A tended to encourage clients to participate in activities that could be considered inappropriate for their age group. Examples included a smurf dart board with velcro "darts," aides chanting vowels "A E I O and U!", a hypothetical picnic, elementary games such as "draw a house," name games, bounce a large ball into a garbage can, child-like dances and music (i.e., hokey pokey), and "reality therapy." The last activity mentioned here involved asking clients very elementary questions about the date, month, year, President, etc. The clients either participated or sat in their chairs silently. Typically, the aides would aim activity levels

to the lowest cognitive functioning client, rather than the highest, or a middle range. Occasionally, it was obvious that the activity was geared at a level that was far below the functioning of the clients who participated. For example, the following exchange took place:

- Aide: "What day is today?"  
 Mr. J.: "Monday"  
 Others: "October 2"  
 Mrs. E.: "Tomorrow is Social Security Day!"  
 Mrs. EV: "And rent day!"

Another activity at this Center was a retrospective exercise. This type of exercise would normally be age appropriate, but in this case the staff chose to ask clients questions mostly about their infancy and childhood rather than their adult life accomplishments. One day a client was asked about her adult accomplishments and she began to talk about it, only to be interrupted with a question for someone else about childhood. The following represents that exchange:

- Aide: "How much freedom did you have when you were children?"  
 Mrs. ET: "Not much, we didn't want any!"  
 Mr. W: "I had a lot of freedom, I was an only child!"  
 Aide: "How to you feel about your life accomplishments?"  
 Mrs. D: "Well, I worked overseas. I learned a lot in each country. My happiest days were there . . ." (Interrupted)  
 Aide: "How much hair did you have on you head when you were born? Does anyone know when they took their first steps?"

Most of the rest of the discussions in this case were focused on dolls, birthday parties, first dates, etc. This might have been a less infantilizing activity if the clients were also encouraged to discuss their adult lives (family histories, occupational pursuits, etc.), rather than focusing almost exclusively on the childhood years.

### *Physical Environment*

Center A is located in an elementary school setting that has not been modified significantly. The result is a child-like environment with uncomfortable seating, sterile decor, and lack of privacy. One could infer from this environment that there was something for these clients to "learn" and the aides would be "teaching the lessons."

The client bathroom stalls did not provide expected adult privacy (staff used a private restroom outside the alarmed doors in the hallway of the school building). As mentioned earlier, the client stalls (2) were located between the two activity rooms in a small hallway. Whenever a client stood up (for any reason), aides would publicly ask "Do you need to go to the bathroom?" More infantilizing behavior was also observed in conjunction with the bathroom environment. The following public exchange took place as aides yelled into the toilet stall of a client who was using the bathroom (the other clients were right nearby).

(Mr. G went to the bathroom in a stall).

Staff 1: (laugh) "Flush G! Flush!"

Staff 2: "Oh . . . that smells awful!"

Staff 3 administrator: "I'm gonna be sick! Make him flush!"

Staff 1: "Flush G! Flush! Oh gross!"

The toileting process itself could be what Goffman (1961) would have considered a humiliating lack of privacy, especially because staff members would often comment out loud about a particular client's habits, smells, or sounds emanating from the stall. The Director and some aides were commenting one day about how one of the clients who has Alzheimer's Disease never uses the toilets in the center. They attributed this avoidance of the restroom experience to her disease, rather than considering that she may be trying to prevent public humiliation. In addition, clients would often be labeled with what we call *reputations* regarding their bathroom habits. In these cases, the aides would occasionally talk to the researcher (unsolicited by and with no response from researcher) or among themselves about how client X would sometimes exit the stalls without zippering his pants, have accidents, etc. Interestingly, the researcher never witnessed this behavior by client X, but because it had happened at least once, the reputation was awarded and continually discussed.

## Center B

### *Speech/Behavior*

Center B Staff members and volunteers tended to address the older persons with adult language patterns. There was one staff member and one volunteer guest who tended to use infantilizing tone and verbal content (i.e., calling a client "Sweet Pea," "Sweetheart," or "young lady"), but the majority of staff-to-client interaction was on an adult level. One behavior that did treat the older clients as children was the excessive use of hugging and kissing between staff and clients. We determined that hugging and kissing the clients treated them more like children than adults and, for many, that would be considered an invasion of adult private space. The following example illustrates a situation where the client did not seem to be going along with the "touchy feely" behaviors of the staff.

(Staff 4 walks around the room and pinned felt teddy bears on the clients that say "hug me")

Staff 4: "Can I pin this on you Mr. D?"

Mr. D: "I don't love nobody, no."

Staff 4: "Oh, can I give you a hug anyway? (Staff 4 gives him a hug and kiss on the cheek)

Despite the above example, in the majority of cases, Clients in Center B were given most of the responsibilities and autonomy that is normally expected of adults.

The Center provided a purse "check" service that the clients could use if they were likely to lose track of their belongings or if they did not want to have to worry about carrying them around all day. However, this was optional and clients could hold onto their belongings if they wished.

### *Activities*

Activities in Center B included walks on (or off) the grounds, van rides for trips or meals, trivia exercise, newspaper reading, word scramble, fill in the blank, music therapy, speakers from the community (i.e., weatherman, heritage foundation), sports (mini olympics, kick ball, bowling, golf), professional visits (i.e., beautician, physical therapist, etc.) and meal/snack events. Fifty-nine formal activities were observed and counted in Center B and 24 percent exhibited some sort of infantilization. Usually the infantilization was in the form of individual interactions between clients and staff (i.e., calling a client "sweetie," hugging and kissing a client), rather than an infantilizing activity that affected everyone participating.

The vast majority of the planned activities in Center B were geared toward adults. Clients were asked about home remedies, sporting events, celebrities, local news, etc. In fact, we believe that one of the commonly played trivia games was actually so difficult that no one who participated could answer the questions (nor could the researchers). Here is an example of the trivia game at Center B:

- Aide: "What country was the first to get rid of capital punishment?"  
 Mr. Y: "Probably India"  
 Aide: "Liechtenstein . . . Okay, who was the first man to die in space?" (No one answers) "Urie Gregarian."

There was an occasional infantilizing activity in Center B. The major offender was an activity called "The Teddy Bear's Picnic," where clients were expected to make teddy bear badges and wear them to an imaginary teddy bear's picnic event. This event was not met with as much excitement by the clients as the directing staff members envisioned.

The large group activities in Center B were considered voluntary, with the option of non-participation. The following exchange was typical of encouragement to participate by staff to clients in Center B.

- Staff 1: "Hey MsE, come play kickball."  
 MsE: No thanks.  
 Staff 1: Com'mon, it'll be fun.  
 MsE: No thank you.  
 Staff 1: Okay, if you're sure.

If clients did not want to participate in group activities, they were free to pursue independent small group activities. Often clients would form together in dyads or other small groups to do something separate from the larger planned activity. This provided the clients with a large degree of autonomy, which tended

to work well most of the time. However, this autonomy in one instance led to the undetected "escape" of two clients. These two men with moderate dementia demonstrated what Hasselkus (1997) identified as "*booking*," where they leave the grounds of the adult day-care center, causing a large ethical and safety dilemma for the staff members as well as the institution. In this case, the staff members called the police and the bus company to put an alert out into the community to find the missing clients. They were eventually found two hours later in a distant neighborhood, both confused, scared, and hungry. Interestingly, during this whole ordeal, the other clients were not informed that there was anyone missing and the staff attempted to keep the incident quiet (reflecting the interests of the institution).

### *Physical Environment*

The environment in Center B was comfortable and the main activity area resembled a living room with a fireplace, couches, chairs, a piano, and a table. The decor of the Center was geared toward adults and conveyed a message of comfort (like a country club setting) rather than a "learning" type of atmosphere present in Center A. In addition, the clients were permitted to use a private bathroom (with or without assistance) that did not in any way create a "humiliating" public experience.

Clients were permitted to leave the building and walk around the secured grounds to interact outdoors as well as indoors. This provided for a diversity of settings in which to interact and exercise.

## **SOCIAL INTERACTION IN THE ADULT DAY CARE CENTERS**

Social interaction in Center A tended to be dominated by staff-to-client interaction, with very little client-to-client interaction. The contact between staff and clients was staff initiated and clients responded to the questions and comments that were directed to them specifically. In many cases, clients exhibited withdrawal behavior, either sitting quietly in their seats or actually sleeping in their chairs.

Clients who did not conform to Center A's activities were often considered "rebellious," which usually involved some mild "discipline" by the aides (a sideways glance, ignoring what the client said, etc.). Some of these "rebellious clients" would occasionally lash out at the aides. For example, Mr. W. was sleeping during "reality therapy" and the aide said "Mr. W. wake up!" He opened his eyes and yelled "You are boring! As long as you are quiet and boring, I will sleep!" Later, the same client was asked in a naming game to name a type of bird, he yelled "Vulture!" to the aide, with the obvious intent to call her one. This represents taking the *intransigent line* form of adaptation, described by Goffman (1961) which is characterized by a refusal to cooperate with the staff and the institutional goals.

Many of the clients of Center A would participate in activities during the day (demonstrating Goffman's *colonization attitude*), but would then express great joy when their caregivers would come to pick them up in the evening. One woman exclaimed "Thank God Almighty!" when her family member came to give her a ride home.

Center B clients often interacted with each other. Many developed special friendships with a particular other person and the center tended to foster those types of relationships by permitting small groups or dyads of clients to amuse and entertain themselves rather than participating in structured activities. The observed high level of client-to-client interaction in Center B was in sharp contrast to the client-to-client isolation effect noted in Center A.

The social interaction between staff members and clients in Center B was relaxed and voluntary. Very little of the interaction was forced or presented in the "teacher-to-student" format. Clients were given the option to participate in structured activities or to do something independently.

## DISCUSSION

The original purpose of these observations was to examine the degree of social interaction among clients in an adult day-care setting (partial institution). As our research unfolded, we found that there were several aspects of the *social* and *physical* environments themselves that related to the social interaction patterns observed. Infantilization, autonomy, and regulation of privacy all seemed to play a role in the client-to-client interaction patterns of the two centers.

The philosophies of the two centers differed with respect to the *social* atmosphere associated with the way the clients were treated by staff. The staff members in Center A were untrained in gerontology, but generally seemed to enjoy working with older clients. These staff members were friendly, but tended to also infantilize clients. Center B staff were either trained in gerontology at a local university or were senior citizen volunteers. These older volunteers may identify with clients and treat them more like peers than as a special population in need of paternalistic behavior. The staff at Center B were less likely to infantilize the older clients. There was no evidence to suggest that Center B trained the staff to treat clients in an adult manner, but the previous gerontological training of the full-time staff was probably related to their behavior. We argue that the physical environments of both centers also had an effect on the age appropriate or inappropriate treatment of clients.

Although neither center was free of infantilization, Center B had a more adult social atmosphere and physical environment. Center A had more pervasive verbal, behavioral, and environmental infantilization. We found that these social behaviors were related to the degree to which the clients were treated as adults and also the age appropriateness of the physical setting. In general, despite similar levels of client mental competence across the two centers, we found that in Center A (a more

infantilized setting) the clients tended to be withdrawn, asleep, non-communicative, and only spoke when they were spoken to by a staff member. In contrast, Center B clients formed close friendships with other clients, participated independently of the group, and felt comfortable to do the scheduled activities when they were interested.

The autonomy offered in Center B facilitated the development of close friendships among clients, and allowed these friendships to prosper without serious interruption by the Center staff and scheduled activities. These friendships formed in adult day care centers among elderly persons have been found to provide benefits to the sense of identity and purpose of clients (Williams & Roberts, 1995). Clients who interacted independently with a close friend in Center B were rarely observed to be bored, sleeping, or day dreaming. In contrast, when all of the Center A clients were expected to participate in the imposed center activity, there were often cases recorded where clients were not paying attention or were sleeping. Lack of autonomy seemed to prevent the formation of friendships among clients in Center A, except on a fairly superficial level. For example, clients would tend to address one another and ask how the other was doing in passing, but they would almost never get a chance to participate together in an independent activity and develop a more intense friendship.

On the other hand, since adult day care centers aim to provide a safe atmosphere for clients, the degree of autonomy must be balanced cautiously. While Center B's clients tended to benefit from the independence they were given and the friendships formed, there was one "escape" incident that caused great anxiety on the part of the staff and threatened the institution as a whole. The legal and safety concerns of the institution cannot withstand this sort of behavior on a regular basis. The family caregivers rely on the institution to keep their elderly relatives safe and free from harm, client *booking* behaviors seriously threaten that goal (Hasselkus, 1997). So, while autonomy in the center is ideal for the maintenance of a healthy sense of self and development of friendships, day care administrators have to balance that need with the goals of providing safety to all of the clients.

Goffman's "self-mortification" effect can be identified more clearly in Center A. Clients in that Center appeared to have a low sense of self identity and independent motivation. Their freedom to entertain themselves or form small groups or dyads was often prevented by the institutional goals for a unified large group activity (reflecting the self interest of the institution). Clients in Center A were often required to show *deference obligations* to the staff members or experience somewhat negative reactions. Those who showed resistance to the organized activities tended to be labeled as "rebellious" or given a "reputation" as a troublemaker.

Goffman's identified adaptive behaviors exhibited by clients in Center A include *situational withdrawal*, taking the *intransigent line* and *conversion*. *Situational withdrawal* was a common response to the lack of independence and the requirement



that everyone participate in the planned activities. Clients sometimes exhibited withdrawal behaviors which included yawning, day dreaming, staring off into space, just sitting there motionless, and non-participation in the activities. Taking the *intransigent line* was a less common behavior in Center A, but did occur occasionally when a client would challenge the institutional structure by refusing to cooperate or making sarcastic remarks.

*Conversion* also took place, where clients would adopt the manner and speech of the staff. An example of this adaptation in Center A was displayed when the clients would actually infantilize themselves by saying things like "I behaved myself" or "I was a good girl." This indicates a certain degree of self-fulfilling prophecy, where someone who is labeled begins to identify themselves with that label. In this case the label would be that of a child who must "behave," rather than an adult with a lifetime of experiences and independence. This is consistent with Cooley's (1961) "looking glass self" where the opinions of others shape our sense of ourselves; hence, if others are infantilizing us we may end up viewing ourselves with diminished responsibilities and child-like characteristics.

There was also a degree of *colonization* where clients adapted to the situation and showed an outward appearance of making the best of the situation. This was particularly obvious in the case of one highly participatory client in Center A who described his perception of infantilization in a private interview with the researcher:

Researcher: "I'm leaving, but I will miss this place, I like it here . . ."

Client Mr. T: "Really? I don't! They treat us like children! . . . Oh yea! The things we do here are just like children's things! I'd rather be out walking around! Anything is better than this! . . . [later] Well, I like the program, its nice, its nice, but you know I would rather be someplace else . . . She's good (points to the director across the room), well they are all good here. They treat me good here. I've got no reason to complain. I'd rather be someplace else! . . . Yea, I don't have an interest . . . in fact, I don't care to come! See that's why . . . I don't want to have anything to do with the place! I don't care if I come here or not!"

This client's reaction to the center was not expected, since he was one of the most active participants in the group activities. As we studied the transcript, we determined that the client might actually be exhibiting a classic case of *colonization*, where he made the best of the situation in order to appease the staff members and avoid negative reprisals of any kind.

In general, we found more evidence of these compensatory adaptive behaviors in Center A, where the effects of the partial institution seemed to be more self mortifying. The clients in Center B who were permitted to be more autonomous, maintained privacy regulation, and were generally treated like adults were less likely to develop these compensation identities.

This research also supports the work of Altman (1973) and Kahana (1982) who argue that persons are embedded in their environments and there is a need for "person/environment congruence." Clients subjected to the child-oriented school environment (Center A) were treated more like children than clients who interacted in a more adult-oriented living room setting (Center B). According to this social systems model, both the clients and the staff are influenced by the environmental cues. We argue that the environment of the centers was a key component to explain the socialization patterns of the clients and staff in both centers. We believe it was no coincidence that the clients in the child-like physical setting were exposed to greater infantilizing activities, behavior, and speech when compared to the clients in the more adult-like physical environment.

The most serious social and environmental issue in Center A involved the lack of privacy regulation associated with the client use of the semi-public restrooms. Most clients complied with the restroom norms of the adult day care center; however, in one case a woman with Alzheimer's Disease refused repeatedly to comply with the requests of staff to take her to the toilets. Altman (1975) and others (Vinsel, et al., 1980) have argued that privacy regulation plays a crucial role in the well-being of individuals and groups. People who successfully regulate "openness and closedness" to others, according to their own desires, tend to function better than those who are unable to regulate their privacy. Most of the clients in Center A appear to have lost the ability to regulate their privacy according to norms generally accepted in adulthood. Day-long abstinence from eliminating waste was required in order to successfully maintain these norms of privacy.

Findings suggest that adult day care centers can be designed with the expectation that the environment will convey its own messages to clients and staff members alike. Adult settings are preferred over settings that would be more appropriate for children (i.e., former schools). We also found that clients who are treated as individuals with adult status and who have lived through a lifetime of events, experiences, independence, and learning seem to be more likely to create meaningful friendships with others in this setting. Special considerations for maintenance of adult norms of privacy regulation can also be taken into account when designing the buildings and activity areas for adult day care centers.

Age-appropriate activities are numerous and can be successfully facilitated in any social adult day care center. We would recommend utilizing previous adult life events and experiences in retrospective exercise, adult discussion of current events, sports, family life, adult songs/music/dancing, exercises, and guest entertainers, professionals, and service providers from the community. Also, client interaction with each other is dependent upon the degree of autonomy, independence, privacy, and freedom granted by the adult day care center. Dyads and other small groups of friends will only develop when they are given time on their own with a lesser degree of compliance necessary in structured activities. Required participation in heavily scheduled group activities takes away from client independence to form friendships with others.

In addition, our research tends to discourage a philosophy of catering to the lowest cognitive functioning and encourage centers to adopt an adult level of socialization. Staff members can be made aware of the effects of infantilizing behaviors and can be encouraged to treat older clients in an age-appropriate manner and allow for expressions of autonomy, independence, privacy regulation, and friendship formation.

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